

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service 09/07/01?
- b. The request was received on 01/28/02.

II. EXHIBITS

1. Requestor, Exhibit 1:
 - a. TWCC-60a/b and Letter Requesting Dispute Resolution 02/26/02
 - b. HCFA-1500s
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. HCFA's
 - c. Audit summaries/EOB
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 03/11/02. Per Rule 133.307 (g) (4), the carrier Austin Representative signed for the copy on 03/14/02. The response from the insurance carrier was received in the Division on 03/28/02. Therefore, the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 02/26/02 states, "Code 22630-51 is not global to 63047 because 63047 is for decompressive laminectomy and not a posterior lumbar interbody fusion and 22899-51 is not listed in the fee guidelines, so the unlisted procedure code must be used for the preparation of posterior element bone. We feel we have billed these procedures fair and reasonable and they should not be considered global."
2. Respondent: Letter dated 03/28/02 states, "Carrier paid DOS 9/7/01 (CPT Codes 22630-51; 22899-51) in accordance with the fee guidelines; \$9,590.00 was billed and \$7,440.00 was paid because the charges exceeded the scheduled allowance for multiple procedures. Furthermore, as the result of a re-audit, carrier discovered that its payment of \$7,440.00 was in fact an overpayment of \$1,890.00 as the proper payment for the services rendered should have been \$5,550.00. More specifically, CPT 22630 includes CPT 63047 (originally recommended for payment of \$3,540.00) as part of the global cost of that procedure according to the Complete Global Data for Orthopedic Surgery. Carrier had previously paid for CPT 63047, but not CPT 22630 (*see* EOB audit date 12/07/01). A re-audit showed that this inverted the proper relationship between the two procedures..."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1)&(2), the only date of service eligible for review is 09/07/01.
2. The carrier's EOB has the denials: G – "BY CLINICAL PRACTICE STANDARDS, THIS PROCEDURE IS INCIDENTAL TO THE RELATED PRIMARY PROCEDURE BILLED;" F – "THE CHARGE EXCEEDS THE SCHEDULED ALLOWANCE FOR MULTIPLE PROCEDURES;" and N – "THIS IS AN UNLISTED PROCEDURE, PLEASE RESUBMIT WITH A MORE DESCRIPTIVE CODE."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Codes	MARS	REFERENCE	RATIONALE:
09/07/01	22630-51	\$1,650.00	\$0.00	G, F	\$1,650.00	Global Service Data for Orthopaedic Surgery (GSDOS), 1994; MFG, SGR (I)(E)(1&2), CPT descriptor	The carrier initially denied reimbursement stating the procedure is "global." The procedure in question is not global to any other procedure performed or billed on the date of service in dispute. The carrier's second EOB and response indicates the carrier agrees that this procedure was billed properly. The response indicates they are taking credit for an overpayment stating, "CPT code 63047 is global to CPT code 22630." The referenced GSDOS does not support the carrier's position. The referenced SGR indicates that the procedures were all billed correctly. Therefore, the provider is entitled to the \$1,650.00 as billed.

09/07/01	22899-51	\$1,000.00	\$500.00	F, N	DOP	Texas Workers' Compensation Act & Rules Sec. 413.011(d); MFG, GI (III), SGR (I)(D), CPT descriptor	The carrier initially reimbursed \$0.00 and requested additional documentation. On a subsequent audit, having the issue of documentation satisfied, the carrier reimbursed \$500.00 and references the multiple procedure rule. The carrier's response states, "...CPT 22899... is not listed on page 64 of the <i>Fee Guidelines</i> as a code <i>not</i> to be reduced by 50%, i.e. it should be reduced by 50%." The billed CPT code has no MAR and the multiple rule, 50% reduction, applies to MAR. Thereby, procedure is to be reimbursed at fair and reasonable. The provider has included reimbursement data that provides evidence that the billed amount is fair and reasonable and conforms to the criteria established in Sec. 413.011(d) of the Texas Labor Code. Therefore, \$500.00 additional reimbursement is recommended.
Totals		\$2,650.00	\$500.00				The Requestor is entitled to reimbursement in the amount of 2,150.00

The above Findings and Decision are hereby issued this 16th day of April 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$2,150.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 16th day of April 2002.

Carolyn Ollar, RN, BA
Medical Dispute Resolution Supervisor
Medical Review Division

CO/lb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.